



AUGUST 28, 2021 VAX AND PAKS GIVE-AWAY AND VAX

First Name Of Parent: _____ Last Name Of Parent: _____

E-Mail Address: _____ Phone Number - Internal Use Only: () _____ - _____

Address: _____ Zip Code: _____

Note: Must Reside In Englewood Zip Codes 60621 & 60636

Number Of School Age Children Who Need Supplies: Names And Ages

- | | |
|-----------|-----------|
| 1.) _____ | 1.) _____ |
| 2.) _____ | 2.) _____ |
| 3.) _____ | 3.) _____ |
| 4.) _____ | 4.) _____ |
| 5.) _____ | 5.) _____ |
| 6.) _____ | 6.) _____ |
| 7.) _____ | 7.) _____ |

Have You Been Tested For COVID-19? [] Yes [] No

If Not. Do You Want To Be Tested? [] Yes [] No

Do You Want To Be Vaccinated? [] Yes [] No

Intake Person: _____ Date Of Form: _____